			:U - PART !			SMALL	ENTITY	•	ОТН	ER THAI	
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			BER FILED	NUMBER EXT	RA	BASIC F	EE 370.	00 C	R BASIC F	EE 740.	
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If the differen	ce in column 1	is less tha	n zero, enter "(	0" in column :	2	+140=	-		L	_	
	CLAIMS AS					TOTAL		0		<u> </u>	
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	nn 1 is less than th		:	•			•	OR ]	T20V=		

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) **TYPE** SMALL ENTITY OR **NUMBER EXTRA** FOR **NUMBER FILED** \*\*FEE RATE PATE » FEE **BASIC FEE** 345.00 690.00 OR and make the great discount of the first producers with the minus 20= **TOTAL CLAIMS** X\$18= X\$ 9= OR minus 3 = INDEPENDENT CLAIMS X78= X39 =OR **MULTIPLE DEPENDENT CLAIM PRESENT** +130= **+260=** OR \* If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL OR **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL TIONAL RATE RATE AMENDMENT AFTER PREVIOUSLY. **EXTRA** FEE FEE **AMENDMENT** PAID FOR **Total** X\$18=Minus X\$ 9=OR Independent Minus X39=OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY +130= OR' / TOTAL ADDIT FEE ADDIT. FEE - A TOTAL OF STANKS WITH THE WAY (Column 1) (Column 3) (Column 2) HIGHEST **CLAIMS** ADDI-**ADDI-**REMAINING NUMBER **PRESENT TIONAL** RATE **TIONAL** RATE DMENT **AFTER** PREVIOUSLY **EXTRA** FEE FEE PAID FOR **AMENDMENT** Minus X\$18= Total X\$ 9=AMEN Minus Independent \*\*X78= X39=**《江州东西海峡** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +260= +130= TOTAL ÖR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS **ADDI-ADDI-**ပ **PRESENT REMAINING** NUMBER RATE RATE TIONAL TIONAL **PREVIOUSLY** AMENDMENT AFTER **EXTRA** PAID FOR FEE FEE **AMENDMENT** Minus **Total** = \*\*X\$18= \*\* X\$ 9= **じょん 人。本事業は大学** OR' Independent Minus = X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .\* ;\*\* +260= +130= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL \*\* If th "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1;

S 6 . . .

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/57/073/

## Total Fee Calculation

		10(2) P	ee Calcul	11100	1	.*		
	Fee Code	Total # Clums	. Number Extra	Х	Fee	Fee	-	Total
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TAL FEE CALCULA	ATION		•					
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nal Filing Fees Due	= ` S	08	$\frac{\mathbf{X}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}\mathbf{Y}Y$					
Less Filing Fees Subm	vined - S			<u></u>				
BALANCE DUE	= 5	82						

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)